

Case Number:	CM14-0137846		
Date Assigned:	09/05/2014	Date of Injury:	07/12/2011
Decision Date:	10/02/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/26/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female patient with the date of injury of July 12, 2011. A Utilization Review was performed on August 19, 2014 and recommended non-certification of two month supplies (electrodes, batteries, & lead wires) to use with prescribed TENS/EMS or IF device QTY: 2.00. An Initial Orthopedic Evaluation dated June 24, 2014 identifies Subjective Complaints of low back pain, non-radiating with numbness and tingling in the bilateral lower extremities, right knee pain with giving way and frequent painful locking, left knee pain that is moderate to severe, bilateral leg pain, and left ankle pain. Objective Findings identify lumbar tenderness; antalgic gait; decreased sensation to the medial left thigh, lateral left leg, lateral foot, and medial right thigh and medial right leg; and bilateral knee crepitation on motion, with lateral more than medial joint line tenderness bilaterally. Diagnostic Impression identifies lumbosacral sprain/strain, rule out L5-S1 radiculopathy; left knee sprain/strain and internal derangement; right knee sprain/strain and internal derangement; left ankle sprain/strain and left plantar fasciitis and metatarsalgia. Treatment Plan identifies medication and interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Two Months Supply of Electrodes, Batteries, & Lead Wires for TENS/EMS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Interferential Current Stimulation (ICS) Page(s): 114, 118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 114-117 of 127.

Decision rationale: Regarding the request for two months supply of electrodes, batteries, & lead wires for TENS/EMS unit, Chronic Pain Medical Treatment Guidelines state NMES (neuromuscular electrical stimulation) is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Within the documentation available for review, the patient is noted to have chronic pain. Guidelines do not support neuromuscular electrical stimulation in chronic pain. As such, the currently requested two months supply of electrodes, batteries, & lead wires for TENS/EMS unit is not medically necessary.